

10/2

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/5 94785

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
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59						
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75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85	1					
86	1	1				
87		1				
88		1				
89		1				
90		1				
91	1	1				
92		1				
93		1				
94	1					
95	1					
96		1				
97		1				
98		1				
99		1				
100		1				
TOTAL IND.	4	↓		↓		↓
TOTAL DEP.	12	←		←		←
TOTAL CLAIMS	16					

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**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

10/594785

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101		/				
102		/				
103		/				
104	/					
105		/				
106		/				
107		/				
108		/				
109		/				
110		/				
111	/					
112	/	/				
113	/	/				
114	/	/				
115		/				
116		/				
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145						
146						
147						
148						
149						
150						
TOTAL IND.	4	↓		↓		↓
TOTAL DEP.	12	←		←		←
TOTAL CLAIMS	16					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
152						
153						
154						
155						
156						
157						
158						
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195						
196						
197						
198						
199						
200						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						